

MANAGEMENT RESPONSES TO AUDIT/REVIEW RECOMMENDATIONS

Date: _____

1. RECOMMENDATION: _____

2. Agree/Disagree with recommendation.

3. If agree, state:

a. Action completed, planned, or in progress: (For an incomplete action, describe the expected completion plan. Should further action be considered unnecessary, so state.)

b. Target date for completion: _____

4. If disagree, state reasoning or justification:

Approved:

(Signature)

(Date)

(Title)